10/560551

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.		EU INO DUE	
		FILING DATE	
	•	•	
APPLICANT(S)			<u> </u>

CLAIMS

-	T			<u> </u>		
	AS FILED		AFTER 1"AMENDMENT		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	
1	<u> </u>					
2				/		
3	ļ			1		
4		2		17		
5				1		
6				-		
7			•	 		
8			-			
9 .				1 1 1 1 1 1		
_10						
11						
12		•				
13						
_14						
15					-	
16						
17						
18			1			
19						
20						
21						7
22 23					·	
23						
24				-		
25				•		
26	<u> </u>					
27						
28					· ·	
29						
30						
31						
32 33						
34						
35						
						<u> </u>
36 37						
38						
39						
40						
41						
42						
43						
44						
. 45						
46				<u>-</u> -		
47				<u>-</u> -		
48						
49						
50					<u> </u>	
			-,-			
TOTAL IND.		4		4	-	4
TOTAL DEP		4	1	A .		
TOTAL	Jä	The state of	/	A. The same of the		7
CLAIMS			2			
PTO - 1340	men		<u></u>			

110					•	
	AS FILED		AFTER L'AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	
51	1				 	T DET.
52 53	 					
53						<u> </u>
54						
55	-					
56 57			 			
58	·		 			
59						
60	-					
61						
62	1					
63					<u>-</u>	
64						<u> </u>
65						
66						
67						
68	·					
69						
70						•
71 72		· · · ·				·
73						
74						
75	1					·
_ 76						<u> </u>
77		·				
78	- ·					
79					4.1	
80						
81						
82 83						
84						
85				<u> </u>		
86 ·			-			
87						
. 88				W.		
89			777.30			
90						
91						
92						
93						
94		<u>:</u>	<u></u>			
95					<u>. </u>]
96 97						
98	 -				}	
99	 -					
100				[
TOTAL IND.	-	且		1		
TOTAL DEP		~		7		+
TOTAL	18			44		42
CLAIMS		30.20			H	2.50
	U.	S. DEPART	MENT of CO	MATERICE		

U.S. DEPARTMENT of COMMERCE Fatent and Trademark Office